

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Ohio State Medical Association Political Action Committee

ADDRESS (number and street)

3401 Mill Run Dr

☐Check if different  
than previously  
reported. (ACC)

Hilliard

OH

43026

9078

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00003327

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☒July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Timothy I. Maglione

Signature of Treasurer

Electronically Filed by Timothy I. Maglione

Date

07

20

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Ohio State Medical Association Political Action Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	<div>2011</div>	<div>122056.41</div>
(b) Cash on Hand at Beginning of Reporting Period .....	<div>122056.41</div>	
(c) Total Receipts (from Line 19) .....	<div>79859.58</div>	<div>79859.58</div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<div>201915.99</div>	<div>201915.99</div>
7. Total Disbursements (from Line 31) .....	<div>41624.63</div>	<div>41624.63</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>160291.36</div>	<div>160291.36</div>
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Ohio State Medical Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	W	Y
0	6	3	0	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	71240.55	71240.55
(ii) Unitemized .....	8417.67	8417.67
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	79658.22	79658.22
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	79658.22	79658.22
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	201.36	201.36
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	79859.58	79859.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	79859.58	79859.58

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	84.41	84.41	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	84.41	84.41	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	41540.22	41540.22	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	41624.63	41624.63	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41624.63	41624.63	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	79658.22	79658.22
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	79658.22	79658.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	84.41	84.41
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	84.41	84.41

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Roger Matthew Schantz

Mailing Address 1096 Red Bird Rd

City

Loveland

State

OH

Zip Code

45140-7163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anesthesia Group Practice  
IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	1

Transaction ID: T41722

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. Andrew Charles Smith

Mailing Address 177 Farmwood PI

City

Gahanna

State

OH

Zip Code

43230-6261

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Provider Physicians East  
IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	1	1

Transaction ID: T41659

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Joseph Ferrara Amato

Mailing Address 1215 Kilham Ct

City

Columbus

State

OH

Zip Code

43235-2198

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Associates In Central Ohio  
ObstetricsOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	1	1

Transaction ID: T41656

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. David Terrence Applegate, II

Mailing Address 945 Walker Woods Ln

City

Marysville

State

OH

Zip Code

43040-8113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marysville Primary Care

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: T41707

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Paul Forrest Armstrong

Mailing Address 418 Lynshire Ln

City

Findlay

State

OH

Zip Code

45840-7120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spectrum Eye Care Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: T41657

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mahamuni Ganesan

Mailing Address 1771 Meadowlake Dr

City

Tiffin

State

OH

Zip Code

44883-3278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mahamuni Ganesan

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: T41710

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Sievers Lenobel

Mailing Address 8030 Peregrine Ln

City

Cincinnati

State

OH

Zip Code

45243-2714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Professional Radiology IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	1	1

Transaction ID: T41655

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. James Robert Magnussen

Mailing Address 90 Jackson Pike

City

Gallipolis

State

OH

Zip Code

45631-1562

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holzer Clinic IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	1	1

Transaction ID: T41654

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Mary Jane Gombash

Mailing Address 4571 Westbourne Rd

City

Toledo

State

OH

Zip Code

43623-2015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mary J Gombash MDOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	1

Transaction ID: T41724

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. David M Burkons

Mailing Address 21249 S Woodland Rd

City

Shaker Hts

State

OH

Zip Code

44122-3021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr David Burkons MD

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: T41742

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Costas Harry Kefalas

Mailing Address 570 White Pond Dr Ste 100

City

Akron

State

OH

Zip Code

44320-4206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Akron Digestive Disease  
Consultants In

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: T41766

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Sonja Lichtenstein-Zayne

Mailing Address 2439 Dorman Dr

City

Portsmouth

State

OH

Zip Code

45662-2715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ibrahim M Zayneh MD

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: T41770

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Marios Costas Pouagare

Mailing Address 1762 W Rahn Rd

City

Dayton

State

OH

Zip Code

45459-1440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Digestive Specialists Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: T41765

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Samuel Liggett, Jr.

Mailing Address 1945 S Kemp Rd

City

Lima

State

OH

Zip Code

45806-9341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Century Pediatrics

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: T41790

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. James Garret Mouser

Mailing Address 1892 Bedford Rd

City

Columbus

State

OH

Zip Code

43212-1008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
James L Moses MD Inc DBA  
Ophthalmology

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: T41819

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Julia Ann Heng

Mailing Address 7630 Hobby Horse Ln

City

Mentor

State

OH

Zip Code

44060-6822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Madison Family PracticeOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	1

Transaction ID: T41817

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. Lisa Bohman Egbert

Mailing Address 790 W Rahn Rd

City

Kettering

State

OH

Zip Code

45429-2043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paragon Womens Care IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	1

Transaction ID: T34985

Amount of Each Receipt this Period

250.03

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas George Olbrych

Mailing Address 338 Nicole Ln

City

Sagamore Hills

State

OH

Zip Code

44067-4137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Cleveland Clinic Foun-  
dationOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	1

Transaction ID: T41896

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

750.03

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael Richard Petersen

Mailing Address 350 Oliver Rd

City

Cincinnati

State

OH

Zip Code

45215-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cincinnati Eye Institute

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: T41950

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Curtis Wayne Hawkins

Mailing Address 2420 Balmoral Dr

City

Akron

State

OH

Zip Code

44333-2976

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Curtis W Hawkins MD

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: T41964

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Deepak Kumar

Mailing Address 1425 Brittany Hills Dr

City

Dayton

State

OH

Zip Code

45459-1421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dayton Colon & Rectal Cen-  
ter Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: T41952

Amount of Each Receipt this Period

1000.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Ross Calvin Bloomberg

Mailing Address 4470 Dockray Dr

City

Nashport

State

OH

Zip Code

43830-9057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eye Surgery Associates Of  
Zanesville I

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: T41942

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Juan Miguel Miguel Proano

Mailing Address 1937 Staunton Rd

City

Cleveland

State

OH

Zip Code

44118-2263

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wooster Urology LLC

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: T41966

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Louis Richard Roedersheimer

Mailing Address 5393 Manortree Ct

City

Cincinnati

State

OH

Zip Code

45238-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Cranley Surgical Asso-  
ciates Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: T41946

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. David B Robie

Mailing Address 4605 Sawmill Rd

City

Upper Arlington

State

OH

Zip Code

43220-2246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Orthopedic Center Of  
Excellence IOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	1

Transaction ID: T41944

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. John Warner Thomas

Mailing Address 3418 Tamarack Ln

City

Wooster

State

OH

Zip Code

44691-7206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wooster Eye CenterOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	1

Transaction ID: T41941

Amount of Each Receipt this Period

1000.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Roy Hamilton Thomas

Mailing Address 152 Woodridge Dr

City

Elyria

State

OH

Zip Code

44035-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Elyria Eye Clinic IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	1

Transaction ID: T41951

Amount of Each Receipt this Period

1000.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Edward Lee Westerheide

Mailing Address 800 Westwood Dr

City

Newark

State

OH

Zip Code

43055-9013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Specialists  
And Sports Med

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: T41943

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert Lewis Hill

Mailing Address 3402 W Stoneway Dr

City

Sandusky

State

OH

Zip Code

44870-7400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOMS Internal Medicine

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: T42020

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Richard Thomas Hoback

Mailing Address 7702 Normandy Ln

City

Centerville

State

OH

Zip Code

45459-4118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Center-Med Family Practice

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 2 / 2 0 1 1

Transaction ID: T42068

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Susan Marie Komorowski

Mailing Address 6221 Hempstead Mews

City

Dayton

State

OH

Zip Code

45459-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obstetrics & Gynecology  
South IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	1	1

Transaction ID: T42060

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. Walter Charles Hartel

Mailing Address 219 Patterson Rd

City

Dayton

State

OH

Zip Code

45419-3932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dayton Eye Associates IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	1	1

Transaction ID: T42063

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Paul David Moyer

Mailing Address 520 Bruton Cir

City

Dayton

State

OH

Zip Code

45429-1624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dayton Eye Associates IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	1	1

Transaction ID: T42071

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

850.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard Paul Morin

Mailing Address 105 E Mills Ave

City

Cincinnati

State

OH

Zip Code

45215-4331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Queen City Surgical Consu-  
ltantsOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	1	1

Transaction ID: T42058

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard Henry Byers, Jr.

Mailing Address 65 Woods Edge Ct

City

Wilmington

State

OH

Zip Code

45177-7507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr Richard H ByersOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	1	1

Transaction ID: T42062

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Vera Clem Chalfant

Mailing Address 906 Ridge Rd

City

Ashland

State

OH

Zip Code

44805-1007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vera Chalfant, MDOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	1	1

Transaction ID: T42061

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard Joseph Wiseley

Mailing Address 6857 Ridgewood Trl

City

Toledo

State

OH

Zip Code

43617-1181

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drs Wiseley & Hunter Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 2 / 2 0 1 1

Transaction ID: T42069

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mark Thomas Poynter

Mailing Address 887 Country Club Dr

City

Cincinnati

State

OH

Zip Code

45245-2833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Queen City Surgical Consu-  
ltants

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 2 / 2 0 1 1

Transaction ID: T42070

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mark David Schmiedl

Mailing Address 1831 Cedar Point Rd

City

Sandusky

State

OH

Zip Code

44870-5211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ER-DOC Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 7 / 2 0 1 1

Transaction ID: T42133

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. William Charles Sternfeld

Mailing Address 4321 Dovewood Ln

City

Sylvania

State

OH

Zip Code

43560-4409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Toledo Clinic Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 4 / 2 0 1 1

Transaction ID: T42184

Amount of Each Receipt this Period

1000.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Lisa Bohman Egbert

Mailing Address 790 W Rahn Rd

City

Kettering

State

OH

Zip Code

45429-2043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paragon Womens Care Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 6 / 2 0 1 1

Transaction ID: T41824

Amount of Each Receipt this Period

83.33

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Richard Robert Ellison

Mailing Address 726 White Tail Ridge Dr

City

Fairlawn

State

OH

Zip Code

44333-3290

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Summit Ophthalmology Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.22

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 6 / 2 0 1 1

Transaction ID: T41836

Amount of Each Receipt this Period

111.11

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1194.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. John Alan Fink

Mailing Address 2939 Arberry Hill Dr

City

Richfield

State

OH

Zip Code

44286-9734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Akron Vascular Associates  
Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 1

Transaction ID: T42244

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Bradley D. Carman

Mailing Address 925 Ash Rd

City

Marietta

State

OH

Zip Code

45750-7859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Surgical Associates Of Ma-  
rietta Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 1

Transaction ID: T42247

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Evangeline C Andarsio

Mailing Address 841 Timberlake Ct

City

Kettering

State

OH

Zip Code

45429-3495

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drs Andarsio Morales & Co-  
lon MD

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 1

Transaction ID: T42246

Amount of Each Receipt this Period

1000.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Ronald Ceasar Agresta

Mailing Address 4644 Lexington Dr

City

Steubenville

State

OH

Zip Code

43953-3442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Steuben Ophthalmolog-  
ists IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 1

Transaction ID: T42245

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

B.

Full Name (Last, First, Middle Initial)

Dr. Harris Slavin Schild

Mailing Address 3925 Deerpath Dr

City

Sandusky

State

OH

Zip Code

44870-6088

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Eye Team IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 1

Transaction ID: T42249

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC

C.

Full Name (Last, First, Middle Initial)

Dr. Marvin Horton Rorick, III

Mailing Address 8020 Peregrine Ln

City

Cincinnati

State

OH

Zip Code

45243-2714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverhills Healthcare IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 1

Transaction ID: T42250

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

1100.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Ronald Elias Warwar

Mailing Address 10 Monteray Rd

City

Dayton

State

OH

Zip Code

45419-2565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Warwar Eye GroupOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	8		2	0	1	1

Transaction ID: T42259

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Bruce Studebaker

Mailing Address 9100 Westbrook Rd

City

Brookville

State

OH

Zip Code

45309-8306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Studebaker Family Practice  
IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	1	1

Transaction ID: T42324

Amount of Each Receipt this Period

1000.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Louise Anne Doyle

Mailing Address 1788 Strathshire Hall Pl

City

Powell

State

OH

Zip Code

43065-9436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mid Ohio Eye Physicians  
& SurgeonsOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	1	1

Transaction ID: T42323

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Joseph John Moravec

Mailing Address 12 Albion Ln

City

Cincinnati

State

OH

Zip Code

45246-4702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Facial Surgery CenterOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	1	1

Transaction ID: T42321

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. Stannard Baird Pfahl, Jr.

Mailing Address 922 Hidden Valley Dr

City

Huron

State

OH

Zip Code

44839-2688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
S. Baird Pfahl, MDOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	1	1

Transaction ID: T42319

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Charles Joseph Hickey

Mailing Address 1590 Barrington Rd

City

Columbus

State

OH

Zip Code

43221-3882

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbus Ophthalmology As-  
sociates IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	1	1

Transaction ID: T42325

Amount of Each Receipt this Period

1000.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

1700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Joseph Abdel-Maseeh Girgis

Mailing Address 30153 Adams Ln

City

Westlake

State

OH

Zip Code

44145-6446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Superior Medical Care

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 1 1

Transaction ID: T42326

Amount of Each Receipt this Period

1000.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mark Eugene Hostettler

Mailing Address 921 Dogwood Trl

City

Alliance

State

OH

Zip Code

44601-5299

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Internal Medicine Physi-  
cians

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 1 1

Transaction ID: T42322

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Margaret M. Dunn

Mailing Address 381 N Fairfield Rd

City

Beavercreek

State

OH

Zip Code

45430-1741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wright State Physicians  
Department Of

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 1 1

Transaction ID: T42548

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard Allen Fankhauser

Mailing Address 1911 Marblecliff Crossing Ct

City State Zip Code  
 Columbus OH 43204-4968

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Columbus Bone Joint & Hand  
Surgeons In

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 1 1

Transaction ID: T42607

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Timothy Joseph Anders

Mailing Address 32 Tremore Wy

City State Zip Code  
 Holland OH 43528-9108

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Anders Dermatology Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 1 1

Transaction ID: T42612

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Richard Henry Byers, Jr.

Mailing Address 65 Woods Edge Ct

City State Zip Code  
 Wilmington OH 45177-7507

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dr Richard H Byers

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 1 1

Transaction ID: T42604

Amount of Each Receipt this Period

100.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. G Mark Burton

Mailing Address 2736 Edgehill Rd

City

Ottawa Hills

State

OH

Zip Code

43615-2328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Toledo Clinic IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	1	1

Transaction ID: T42602

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. James William Buckreus

Mailing Address 8973 Tecumseh Cove Ct

City

Huntsville

State

OH

Zip Code

43324-9400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bellefontaine Ob/Gyn IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	1	1

Transaction ID: T42613

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Harold Andrew Ballitch

Mailing Address 1776 Victoria Ct

City

Mansfield

State

OH

Zip Code

44906-5003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Eye Care Center  
IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	1	1

Transaction ID: T42620

Amount of Each Receipt this Period

1000.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Daniel Garritano

Mailing Address 7955 Cedar Park Dr

City

Canfield

State

OH

Zip Code

44406-8756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Daniel Garritano MDOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	1	1

Transaction ID: T42601

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Douglas Gerber

Mailing Address 4818 Kilkerly Dr

City

Middletown

State

OH

Zip Code

45042-3012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mid-Valley Gastroenterolo-  
gy AssociatesOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	1	1

Transaction ID: T42606

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Linda Toivonen Swan

Mailing Address 3097 Dresden Rd

City

Zanesville

State

OH

Zip Code

43701-1541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PrimeCare Of Southeastern  
Ohio IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	1	1

Transaction ID: T42619

Amount of Each Receipt this Period

1000.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Noel J Watson

Mailing Address 1225 W Market St

City

Germantown

State

OH

Zip Code

45327-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Medical Group  
Inc/Health Pa

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 1 1

Transaction ID: T42610

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mary Jo Panzone Welker

Mailing Address 5150 Johnstown Rd

City

New Albany

State

OH

Zip Code

43054-9504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OSU Rardin Family Practice  
Center

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 1 1

Transaction ID: T42615

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. John O Vlad

Mailing Address 8583 Kimblewick Ln NE

City

Warren

State

OH

Zip Code

44484-2067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vlad Pediatrics/John O Vl-  
ad MD Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 1 1

Transaction ID: T42616

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Steven S Walker

Mailing Address 1926 Collingswood Rd

City

Columbus

State

OH

Zip Code

43221-3740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbus Cardiology Consu-  
ltants Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 1 1

Transaction ID: T42603

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Andrew James Reid

Mailing Address 1216 S Main St

City

Findlay

State

OH

Zip Code

45840-2267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Findlay Ear Nose & Throat  
Associates I

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 1 1

Transaction ID: T42617

Amount of Each Receipt this Period

285.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Paul Russell Jennewine

Mailing Address 6850 Sloebig Rd

City

Middletown

State

OH

Zip Code

45042-9448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Middletown Medical Group  
Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 1 1

Transaction ID: T42651

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

785.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Angela Mae Novy

Mailing Address 137 Redwood Rd

City

Mansfield

State

OH

Zip Code

44907-2453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ashland Endocrinology

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 1 1

Transaction ID: T42653

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mary Jean Wall

Mailing Address 251 Euclid Ave

City

Bellevue

State

OH

Zip Code

44811-1045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Central Radiology  
& Imaging Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 1 1

Transaction ID: T42737

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. J. Steven Polsley

Mailing Address 162 New Haven Dr

City

Urbana

State

OH

Zip Code

43078-2252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Physicians Of Urba-  
na Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: T40163

Amount of Each Receipt this Period

83.33

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

833.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard Robert Ellison

Mailing Address 726 White Tail Ridge Dr

City

Fairlawn

State

OH

Zip Code

44333-3290

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Summit Ophthalmology Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: T41837

Amount of Each Receipt this Period

111.11

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Lisa Bohman Egbert

Mailing Address 790 W Rahn Rd

City

Kettering

State

OH

Zip Code

45429-2043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paragon Womens Care Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.69

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: T41825

Amount of Each Receipt this Period

83.33

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. George Patrick Ecklar

Mailing Address 3993 Old Poste Rd

City

Columbus

State

OH

Zip Code

43221-4906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metro West Internal Medic-  
ine

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 1

Transaction ID: T42790

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

444.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert L Barker

Mailing Address 4460 Royal Ridge Way

City

Dayton

State

OH

Zip Code

45429-1355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Dayton Acute Care  
Consultants In

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 1

Transaction ID: T42793

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Keith Robert Berend

Mailing Address 7419 Helmsley Grn

City

New Albany

State

OH

Zip Code

43054-8153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Joint Implant Surgeons Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 1

Transaction ID: T42798

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Diane M Bernardi

Mailing Address 12277 County Rd E35

City

Bryan

State

OH

Zip Code

43506-8309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Community Health  
Associates -

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 1

Transaction ID: T42797

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Premanand K. Nayak

Mailing Address 11440 Brattle Ln

City

Cincinnati

State

OH

Zip Code

45249-3608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellington Orthopaedics  
& Sports Medic

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 1

Transaction ID: T42796

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard Norman Nelson

Mailing Address 262 Alumwood Dr

City

Westerville

State

OH

Zip Code

43081-1401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OSU Emergency Medicine LLC

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 1

Transaction ID: T42794

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Benjamin James Martin

Mailing Address 7305 Stone Gate Dr

City

New Albany

State

OH

Zip Code

43054-8230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Ohio Urology Group

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 1

Transaction ID: T42795

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mary Margaret Knoedler

Mailing Address 5777 Lu Clare Dr

City

Cincinnati

State

OH

Zip Code

45233-1902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oxford Radiology Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 1

Transaction ID: T42800

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. William Darrell Smucker

Mailing Address PO Box 228

City

Westfield Ctr

State

OH

Zip Code

44251-0228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Smucker Gerontologic Serv-  
ices

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 1

Transaction ID: T42792

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Peggy J. St Clair

Mailing Address 9633 Valley View Rd Unit 2302

City

Macedonia

State

OH

Zip Code

44056-3007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peggy St Clair MD

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 1

Transaction ID: T42845

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Christopher C Chuirazzi

Mailing Address 2027 Timber Creek Dr E

City

Cortland

State

OH

Zip Code

44410-1810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Warren Medical Specialists  
Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 1

Transaction ID: T42843

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Donald Bruce Marshall

Mailing Address 7532 Scandinavia Dr

City

Maumee

State

OH

Zip Code

43537-9542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Donald Marshall, DO

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 1

Transaction ID: T42986

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Scott David Pendergast

Mailing Address 38990 Glenlivet Ct

City

Solon

State

OH

Zip Code

44139-5917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retina Associates Of Clev-  
eland Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 1

Transaction ID: T42981

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Charles David Joffe

Mailing Address 549 W David Pkwy

City

Dayton

State

OH

Zip Code

45429-1977

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Dayton Heart CenterOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	1

Transaction ID: T42983

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. Carl Joseph Foster

Mailing Address 1041 Northview Ave

City

Alliance

State

OH

Zip Code

44601-3605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anesthesia Associates Of  
Alliance LLCOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	1

Transaction ID: T42984

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert Joseph Stephens

Mailing Address 2091 Beech Grove Dr

City

Cincinnati

State

OH

Zip Code

45233-4915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drs Stephens & Stamler IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	1

Transaction ID: T42990

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

1100.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jerry Dwight Sell

Mailing Address 4697 State Rte 707

City

Rockford

State

OH

Zip Code

45882-8958

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Medicine Associates  
IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	1	1

Transaction ID: T42987

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. Alan Jay Rehmar

Mailing Address 6125 Mapleton Dr

City

New Albany

State

OH

Zip Code

43054-8115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Retina Group IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	1	1

Transaction ID: T42985

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Marvin Horton Rorick, III

Mailing Address 8020 Peregrine Ln

City

Cincinnati

State

OH

Zip Code

45243-2714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverhills Healthcare IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	1	1

Transaction ID: T43114

Amount of Each Receipt this Period

600.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

1200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael John Seider

Mailing Address 2376 Benden Dr

City

Wooster

State

OH

Zip Code

44691-2570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cancer Treatment Center

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 1

Transaction ID: T43112

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Mark P Siminovitch

Mailing Address 5 Longmeadow Ln

City

Beachwood

State

OH

Zip Code

44122-7518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jeffrey M Siminovitch MD &  
Associates

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 1

Transaction ID: T43109

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mary Jean Wall

Mailing Address 251 Euclid Ave

City

Bellevue

State

OH

Zip Code

44811-1045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Central Radiology  
& Imaging Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 1

Transaction ID: T43143

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Pradip Vyas

Mailing Address 3145 Stringtown Rd

City

Troy

State

OH

Zip Code

45373-9793

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pradip M Vyas MD

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 1

Transaction ID: T43111

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Vivien Ruth Newbold

Mailing Address 509 Graham School Rd

City

Gallipolis

State

OH

Zip Code

45631-9133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holzer Clinic Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 1

Transaction ID: T43113

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Douglas Gordon Finnie

Mailing Address 5147 Canterbury Dr

City

Powell

State

OH

Zip Code

43065-7798

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Big Run Internal Medicine

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 1

Transaction ID: T43110

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Douglas Dale Fosselman

Mailing Address 1260 Autumn Park Ct

City

Westerville

State

OH

Zip Code

43081-3113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northside Internal Medicine  
Consultant

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43247

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Tarsem C Garg

Mailing Address 480 Aberfeldia Dr

City

Springfield

State

OH

Zip Code

45504-3970

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tarsem C Garg MD Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43202

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Esly Samuel Caldwell, II

Mailing Address 2215 Upland Pl

City

Cincinnati

State

OH

Zip Code

45206-2212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Neighborhood Health Care

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43264

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gregor Kreul Emmert, Jr.

Mailing Address 2620 Falmouth Rd

City

Toledo

State

OH

Zip Code

43615-2212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genito Urinary Surgeons  
Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43236

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Daniel J Clemens

Mailing Address 1145 Clearview Dr SE

City

New Philadelphia

State

OH

Zip Code

44663-9460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tuscarawas Eye Centre Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43248

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Annette Marie Chavez

Mailing Address 3100 N Diamond Mill Rd

City

Trotwood

State

OH

Zip Code

45426-4210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carillon Family Practice

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43259

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Viswanathan Chokkavelu

Mailing Address 66761 Anna Dr

City

Saint Clairsville

State

OH

Zip Code

43950-9241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
V Chokkavelu MD Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43223

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Wu-Shung Chuang

Mailing Address 395 Edgemoor Pl

City

Oberlin

State

OH

Zip Code

44074-1402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oberlin Internal Medicine  
Associates I

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43240

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Louito Catherina Edje

Mailing Address 1399 Fort St

City

Maumee

State

OH

Zip Code

43537-3036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Louito Edje, MD

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43221

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Steven Paul Combs

Mailing Address 8685 Mentor Rd

City

Mentor

State

OH

Zip Code

44060-7960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Orthopaedic Associat-  
es IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	1

Transaction ID: T43246

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. Stephen Poll Bazeley

Mailing Address 16850 W River Rd

City

Bowling Green

State

OH

Zip Code

43402-9268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Waterville Family Physi-  
cians IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	1

Transaction ID: T43231

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Denise Louise Bobovnyik

Mailing Address 3716 Tyler Dr

City

Canfield

State

OH

Zip Code

44406-8008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Primary Care Specialists  
IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	1

Transaction ID: T43282

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Neil Boulter

Mailing Address 1860 Shawnee Rd

City

Lima

State

OH

Zip Code

45805-3853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Premier Health Care Services Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43272

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Harold M Brown

Mailing Address 2539 Greenlefe Dr

City

Beavercreek

State

OH

Zip Code

45431-8599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Medical Group

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43280

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. John A Burkhart

Mailing Address 4035 Fenwick Rd

City

Columbus

State

OH

Zip Code

43220-4845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
John Burkhart, MD

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43293

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Brian Leroy Bachelder

Mailing Address 570 Rotunda Ave

City

Akron

State

OH

Zip Code

44333-2648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Akron General Center For  
Family Medicine

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43224

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Dean Ray Ball

Mailing Address P O Box 5560

City

Poland

State

OH

Zip Code

44514-0560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mahoning Valley Imaging

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43217

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Susan Marie Arceneaux

Mailing Address 24498 Nobottom Rd

City

Olmsted Falls

State

OH

Zip Code

44138-1538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Susan M Arceneaux MD Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43287

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Anthony Joseph Armstrong

Mailing Address 6045 Miakonda Trl

City

Sylvania

State

OH

Zip Code

43560-2244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westfield OB/GYN Associat-  
esOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	1

Transaction ID: T43289

Amount of Each Receipt this Period

1000.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. Herman Irwin Abromowitz

Mailing Address 4255 Brookhill Ln

City

Dayton

State

OH

Zip Code

45405-1128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Herman Abromowitz, MDOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	1

Transaction ID: T43235

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Charlotte Marie Agnone

Mailing Address 2375 Lane Rd

City

Upper Arlington

State

OH

Zip Code

43220-2914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Agnone Morrison & Associa-  
tes IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	1

Transaction ID: T43205

Amount of Each Receipt this Period

1000.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Donald Lee Nofziger

Mailing Address 2055 Reading Rd Ste 420

City

Cincinnati

State

OH

Zip Code

45202-1439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shalom Pediatric Associat-  
es Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43244

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Neal James Nesbitt

Mailing Address 9538 State Rte 682

City

Athens

State

OH

Zip Code

45701-9103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Neal J Nesbitt MD FACS Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43277

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ruby Nell Nucklos

Mailing Address 2401 Shellbrook Ln

City

Toledo

State

OH

Zip Code

43614-1150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The University Of Toledo  
College Of Me

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43288

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Alva Burton Payne

Mailing Address 2119 N 2nd St

City

Ironton

State

OH

Zip Code

45638-1055

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Burton Payne, MD

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43242

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Rajiv Ramesh Patel

Mailing Address 220 Loving Ln

City

Wilmington

State

OH

Zip Code

45177-7904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
South Central Ohio Obstet-  
rics & Gyneco

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43234

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Margaret Mary LeMasters

Mailing Address 7815 Ramble View

City

Cincinnati

State

OH

Zip Code

45231-6056

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
For Women Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43254

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. John Leslie Lyman

Mailing Address 1500 Ridgeway Rd

City

Dayton

State

OH

Zip Code

45419-3008

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Premier Health Care Servi-  
ces IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	1

Transaction ID: T43211

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Timothy I. Maglione

Mailing Address 2570 Onandaga Dr

City

Columbus

State

OH

Zip Code

43221-3620

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Ohio State Medical Associ-  
ationOccupation  
Senior Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	1

Transaction ID: T43228

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Warren F Muth

Mailing Address 7021 Garrison Ct

City

Dayton

State

OH

Zip Code

45459-3447

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
South Dayton Surgeons IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	1

Transaction ID: T43238

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

1350.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Vincent Mark Gioia

Mailing Address 35 Jenna Way Dr

City

Wheeling

State

WV

Zip Code

26003-5669

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley Eye Care IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	1

Transaction ID: T43241

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Allen Harwood

Mailing Address 27 Patrician Dr

City

Norwalk

State

OH

Zip Code

44857-2463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New London Family Practice  
LLCOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	1

Transaction ID: T43285

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. David Olswells Griffith

Mailing Address 3774 W Salinas Cir

City

Dayton

State

OH

Zip Code

45440-3960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Proscan Imaging LLCOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	1

Transaction ID: T43204

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

1100.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Susan Lee Hubbell

Mailing Address 250 S Fernwood Dr

City

Lima

State

OH

Zip Code

45805-2521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Physical Medicine Associa-  
tes Of NW OhiOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	1

Transaction ID: T43278

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. Stephen Terry House

Mailing Address 5501 Sagewood Dr

City

Miamisburg

State

OH

Zip Code

45342-7876

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Visiting Physicians Assoc-  
iation - DaytOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	1

Transaction ID: T43250

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert Erik Kose

Mailing Address 4015 Albon Rd

City

Monclova

State

OH

Zip Code

43542-9340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pulmonary & Critical Care  
SpecialistsOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	1

Transaction ID: T43239

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

1200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. JoAnn Krivetzky

Mailing Address 5700 Beverly Ave NE

City

Canton

State

OH

Zip Code

44721-3918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Premier Gynecology Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43286

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Keene Wakelin, III

Mailing Address 421 E Kossuth St

City

Columbus

State

OH

Zip Code

43206-2363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbus Aesthetic & Plas-  
tic Surgery I

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43199

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ronald Michael Taddeo

Mailing Address 936 Perry St Ste 214

City

Columbus

State

OH

Zip Code

43215-1274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amico Stock & Associates

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43274

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Dee H. Talmage

Mailing Address 45 Exmoor

City

Ottawa Hills

State

OH

Zip Code

43615-2174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diana (Dee) Talmage

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	1

Transaction ID: T43210

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. James Michael Sudimack

Mailing Address 2774 Timber Creek Dr N

City

Cortland

State

OH

Zip Code

44410-1756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Trumbull Memorial Hospital

Occupation

Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	1

Transaction ID: T43208

Amount of Each Receipt this Period

1000.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Philip Cecil Stiff, Jr.

Mailing Address 2455 S Country Club Pkwy

City

Toledo

State

OH

Zip Code

43614-5005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
P C Stiff Jr MD Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	1

Transaction ID: T43284

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Herbert E Stockard

Mailing Address 2702 Navarre Ave Ste 201

City

Oregon

State

OH

Zip Code

43616-3224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Renal Services Of Toledo  
Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43265

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Brooke Sue Wolf

Mailing Address 3690 Orange Pl Ste 430

City

Beachwood

State

OH

Zip Code

44122-4467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Coast Mental Health  
Associates

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43270

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Claire V Wolfe

Mailing Address 5521 Indian Hill Rd

City

Dublin

State

OH

Zip Code

43017-8243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Orthopedic Center Of  
Excellence I

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43225

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. David Lee Woodruff

Mailing Address 10000 Columbus Grove Rd

City

Bluffton

State

OH

Zip Code

45817-9595

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pandora Family Physicians  
Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43220

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Donna Ailport Woodson

Mailing Address 1400 River Rd

City

Maumee

State

OH

Zip Code

43537-3552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The University Of Toledo  
College Of Me

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43279

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Lyn Ellen Yakubov

Mailing Address 634 Mohawk School Rd

City

Edinburg

State

PA

Zip Code

16116-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eye Care Associates Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43268

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Charles E Smith

Mailing Address 5320 Plain Center Ave NE

City

Canton

State

OH

Zip Code

44714-1166

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diabetes & Endocrinology  
Associates OfOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	1

Transaction ID: T43229

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Jeffrey S. Smith

Mailing Address 7203 Thicket Rd

City

Sandusky

State

OH

Zip Code

44870-9688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio State Medical Associ-  
ationOccupation  
Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	1

Transaction ID: T43243

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Bipin Natverlal Shah

Mailing Address 7795 Wicklow Ct

City

Dublin

State

OH

Zip Code

43017-8629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bipin N Shah MD FRCS IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	1

Transaction ID: T43292

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Catherine M Rose

Mailing Address 400 Ivycrest Ter

City

Kettering

State

OH

Zip Code

45429-1824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catherine M Rose MD Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43267

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard Ramsay Roebuck

Mailing Address 20 Clark Ave

City

Cincinnati

State

OH

Zip Code

45215-4322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cincinnati Eye Institute

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43198

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Marc S Saunders

Mailing Address 1297 Stonnington Dr

City

Youngstown

State

OH

Zip Code

44505-1655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marc S Saunders DO FACS

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: T43276

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Yagnesh Ramesh Raval

Mailing Address 2952 Shawnee Trl

City

Piqua

State

OH

Zip Code

45356-9709

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Upper Valley Medical Cent-  
erOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	1

Transaction ID: T43233

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. Walter Anthony Reiling, III

Mailing Address 1950 Meandering Cv

City

Dayton

State

OH

Zip Code

45459-6967

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Samaritan North Family Ph-  
ysiciansOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	1

Transaction ID: T43281

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Denise Louise Bobovnyik

Mailing Address 3716 Tyler Dr

City

Canfield

State

OH

Zip Code

44406-8008

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Primary Care Specialists  
IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	1

Transaction ID: T43252

Amount of Each Receipt this Period

50.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

650.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. David Lawrence Cummin

Mailing Address P O Box 917

City

Logan

State

OH

Zip Code

43138-0917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
David L. Cummin MD

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 1 1

Transaction ID: T43443

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ashok Kejriwal

Mailing Address 50 Apothecary Pl

City

Fairfield

State

OH

Zip Code

45014-4531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kejriwal Ashok, MD

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: T43467

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey John Roberts

Mailing Address 31012 Wilderness Trl

City

Westlake

State

OH

Zip Code

44145-1794

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Associates Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: T43471

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Hernando Zegarra

Mailing Address 6656 Gates Mills Blvd

City

Gates Mills

State

OH

Zip Code

44040-9715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retina Associates Of Clev-  
eland Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: T43474

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. J. Steven Polsley

Mailing Address 162 New Haven Dr

City

Urbana

State

OH

Zip Code

43078-2252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Physicians Of Urba-  
na Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: T40164

Amount of Each Receipt this Period

83.33

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Lisa Bohman Egbert

Mailing Address 790 W Rahn Rd

City

Kettering

State

OH

Zip Code

45429-2043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paragon Womens Care Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.02

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: T41826

Amount of Each Receipt this Period

83.33

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

416.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard Robert Ellison

Mailing Address 726 White Tail Ridge Dr

City

Fairlawn

State

OH

Zip Code

44333-3290

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Summit Ophthalmology Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.44

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: T41838

Amount of Each Receipt this Period

111.11

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Bruce Abbott Hamilton

Mailing Address 1194 Apple Hill Rd

City

Cincinnati

State

OH

Zip Code

45230-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Infectious Diseases Con-  
sultants Of Cin

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: T43608

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Scott Charles Grevey

Mailing Address PO Box 18128

City

Fairfield

State

OH

Zip Code

45018-0128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dermatology & Surgery Of  
Southern Ohio

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: T43609

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

611.11

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 62 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mary Sollinger Applegate

Mailing Address 945 Walker Woods Ln

City

Marysville

State

OH

Zip Code

43040-8113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marysville Primary Care

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 1 1

Transaction ID: T43709

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Boynton Bralliar

Mailing Address 22089 Shaker Blvd

City

Shaker Heights

State

OH

Zip Code

44122-2643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Cleveland Clinic Foun-  
dation

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 1 1

Transaction ID: T43859

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Miles J Burke

Mailing Address 8475 Sleepy Hollow Dr

City

Cincinnati

State

OH

Zip Code

45243-1186

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Miles J Burke MD

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 1 1

Transaction ID: T43898

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kenneth V Cahill

Mailing Address 140 Overbrook Dr

City

Columbus

State

OH

Zip Code

43214-3172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ophthalmic Surgeons & Con-  
sultants Of OOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: T43906

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. Sarah Jo Alley

Mailing Address 3686 Geiger Rd

City

Millersport

State

OH

Zip Code

43046-9506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fairfield Medical Associa-  
tes LLCOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: T43901

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Bijan Joseph Goodarzi

Mailing Address 6820 Layman Dr

City

Nashport

State

OH

Zip Code

43830-9524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PrimeCare Of Southeastern  
Ohio IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: T43895

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Edelbert Joseph Kuebeck

Mailing Address 653 Pine Valley Dr

City

Bowling Green

State

OH

Zip Code

43402-5204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
E J Kuebeck MD Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 1 1

Transaction ID: T43896

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thales Nicholas Pavlatos

Mailing Address 2790 Kilkenny Dr

City

Springfield

State

OH

Zip Code

45503-1181

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Anesthesiologists  
Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 1 1

Transaction ID: T43899

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

D. Brent Mulgrew

Mailing Address 1720 Fishinger Rd

City

Columbus

State

OH

Zip Code

43221-1370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio State Medical Associ-  
ation

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 1 1

Transaction ID: T43894

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Patrick Raul Waters

Mailing Address 4307 Walnut Creek Ln

City

Sandusky

State

OH

Zip Code

44870-7345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Executive Urology Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 1 1

Transaction ID: T43897

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gregory M Rasp

Mailing Address 3768 Grand Oak Trl

City

Dayton

State

OH

Zip Code

45440-5008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dayton Physicians LLC

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 1 1

Transaction ID: T43900

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. J. Steven Polsley

Mailing Address 162 New Haven Dr

City

Urbana

State

OH

Zip Code

43078-2252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Physicians Of Urba-  
na Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 1

Transaction ID: T40165

Amount of Each Receipt this Period

83.33

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

833.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard Robert Ellison

Mailing Address 726 White Tail Ridge Dr

City

Fairlawn

State

OH

Zip Code

44333-3290

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Summit Ophthalmology Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.55

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 1

Transaction ID: T41839

Amount of Each Receipt this Period

111.11

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Lisa Bohman Egbert

Mailing Address 790 W Rahn Rd

City

Kettering

State

OH

Zip Code

45429-2043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paragon Womens Care Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 1

Transaction ID: T41827

Amount of Each Receipt this Period

83.33

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Edward Carter

Mailing Address 1990 Chariot Way

City

Portsmouth

State

OH

Zip Code

45662-2486

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOMC Emergency Department

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 1

Transaction ID: T44107

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

444.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Arun Patel

Mailing Address 2119 Orchard Rd

City

Toledo

State

OH

Zip Code

43606-2623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sunforest Orthopedics Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 1

Transaction ID: T44105

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ki Hwan Lee

Mailing Address 2851 Burrwood Dr

City

Springfield

State

OH

Zip Code

45503-1105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ki Lee, MD

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 1

Transaction ID: T44104

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert Karl Hutchins

Mailing Address 10411 Grandoaks Ln

City

Montgomery

State

OH

Zip Code

45242-5033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cincinnati Eye Institute

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 1

Transaction ID: T44109

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Timothy Robert Gatens

Mailing Address 1360 Stratford Woods Dr

City

Newark

State

OH

Zip Code

43055-7400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Licking Memorial HospitalOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	1

Transaction ID: T44106

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. Paul Wing-Cheun Wong

Mailing Address 3768 Fairway Park Dr Apt 210

City

Copley

State

OH

Zip Code

44321-2990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Childrens Hospital Medical  
Center Of AOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	1

Transaction ID: T44110

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. James Joseph Sanitato

Mailing Address 7333 Eastborne Rd

City

Cincinnati

State

OH

Zip Code

45255-3962

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tri-State Centers For Sig-  
ht IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	1

Transaction ID: T44347

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert George Houser

Mailing Address 6700 N State Rte 61

City

Sunbury

State

OH

Zip Code

43074-9428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Robert Houser, MD

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 5 / 2 0 1 1

Transaction ID: T44343

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael Christophe Myers

Mailing Address 560 Juniper Ln

City

Gallipolis

State

OH

Zip Code

45631-8100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holzer Clinic Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: T44528

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Loren Carter Prince

Mailing Address 4924 Stonehaven Dr

City

Columbus

State

OH

Zip Code

43220-2828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Eye Center Of Columbus

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: T44529

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Joseph A Solomito

Mailing Address 6571 Elk Creek Rd

City

Middletown

State

OH

Zip Code

45042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Middletown Cardiovascular  
Associates I

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: T44530

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mario M Sertich

Mailing Address 682 Heron Bay

City

Avon Lake

State

OH

Zip Code

44012-3322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NeuroSpinecare Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: T44718

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Randall James Harris

Mailing Address 2786 Chalford Cir NW

City

North Canton

State

OH

Zip Code

44720-8222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pulmonology & Critical Ca-  
re Physicians

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: T44720

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael F Doyle

Mailing Address 1324 Chantilly Cir NE

City

Canton

State

OH

Zip Code

44721-3911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Modernpath IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	1

Transaction ID: T44721

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. Gretchen Marie Fermann

Mailing Address 3084 Crooked Stick Ct

City

Cincinnati

State

OH

Zip Code

45244-2586

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seven Hills Womens Health  
CentersOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	1

Transaction ID: T44719

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Lisa Bohman Egbert

Mailing Address 790 W Rahn Rd

City

Kettering

State

OH

Zip Code

45429-2043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paragon Womens Care IncOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	1

Transaction ID: T41828

Amount of Each Receipt this Period

83.33

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

833.33

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard Robert Ellison

Mailing Address 726 White Tail Ridge Dr

City

Fairlawn

State

OH

Zip Code

44333-3290

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Summit Ophthalmology Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.66

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: T41840

Amount of Each Receipt this Period

111.11

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Brett Malcolm Coldiron

Mailing Address 1105 River Hill Dr

City

Covington

State

KY

Zip Code

41011-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Skin Cancer Center

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: T44790

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. J. Steven Polsley

Mailing Address 162 New Haven Dr

City

Urbana

State

OH

Zip Code

43078-2252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Physicians Of Urba-  
na Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: T40166

Amount of Each Receipt this Period

83.33

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

444.44

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Andrew Edward Sloan

Mailing Address 2324 Roxboro Rd

City

Cleveland Heights

State

OH

Zip Code

44106-3208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UH Case Medical CenterOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	1

Transaction ID: T44789

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. Carl Ralph Schaub

Mailing Address 547 N Briarcliff Dr

City

Canfield

State

OH

Zip Code

44406-1008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ameripath YoungstownOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	1

Transaction ID: T44899

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. Raymond Grant Russell

Mailing Address 880 Vintage Lake Ct

City

Dayton

State

OH

Zip Code

45458-4088

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allergy & Asthma Associat-  
es Of DaytonOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	1

Transaction ID: T44904

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Randell Keith Wexler

Mailing Address 6040 Haybury Dr

City

New Albany

State

OH

Zip Code

43054-8691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarePoint At Gahanna

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: T44903

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Lawrence Ralph McCormack

Mailing Address 1410 Milan Rd

City

Sandusky

State

OH

Zip Code

44870-4130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sandusky Gastroenterologi-  
sts

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: T44902

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas James Mehelas

Mailing Address 350 Sawgrass Ct

City

Holland

State

OH

Zip Code

43528-9210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Toledo Clinic Inc/Cobbles-  
tone Woods

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: T44898

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Paul Nathan Kaufman

Mailing Address 3552 Drayton Hall S

City

New Albany

State

OH

Zip Code

43054-8860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Ohio Urology GroupOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: T45007

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**B.**

Full Name (Last, First, Middle Initial)

Dr. Deborah Louise Cole-Sedivy

Mailing Address 2895 Halstead Rd

City

Columbus

State

OH

Zip Code

43221-2915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Monarch HealthOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: T45008

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC**C.**

Full Name (Last, First, Middle Initial)

Dr. W Hunter Vaughan

Mailing Address 2396 Alexander Mnr W

City

Steubenville

State

OH

Zip Code

43952-1268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Steuben Radiology Associa-  
tesOccupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: T45006

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

71240.55

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 111

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

JP Morgan Chase Bank

Mailing Address P O Box 710634

City

Columbus

State

OH

Zip Code

43240-0634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JP Morgan Chase Bank

Occupation  
BANK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.63

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: T45353

Amount of Each Receipt this Period

30.63

A Credit to the Federal  
Account

**B.**

Full Name (Last, First, Middle Initial)

JP Morgan Chase Bank

Mailing Address P O Box 710634

City

Columbus

State

OH

Zip Code

43240-0634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JP Morgan Chase Bank

Occupation  
BANK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.02

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

Transaction ID: T45354

Amount of Each Receipt this Period

29.39

A Credit to the Federal  
Account

**C.**

Full Name (Last, First, Middle Initial)

JP Morgan Chase Bank

Mailing Address P O Box 710634

City

Columbus

State

OH

Zip Code

43240-0634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JP Morgan Chase Bank

Occupation  
BANK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

93.60

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: T45356

Amount of Each Receipt this Period

33.58

A Credit to the Federal  
Account

**SUBTOTAL** of Receipts This Page (optional) .....

93.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 111

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

JP Morgan Chase Bank

Mailing Address P O Box 710634

City

Columbus

State

OH

Zip Code

43240-0634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JP Morgan Chase Bank

Occupation  
BANK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

127.95

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 1

Transaction ID: T45358

Amount of Each Receipt this Period

34.35

A Credit to the Federal  
Account

**B.**

Full Name (Last, First, Middle Initial)

JP Morgan Chase Bank

Mailing Address P O Box 710634

City

Columbus

State

OH

Zip Code

43240-0634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JP Morgan Chase Bank

Occupation  
BANK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

169.12

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: T45359

Amount of Each Receipt this Period

41.17

A Credit to the Federal  
Account

**C.**

Full Name (Last, First, Middle Initial)

JP Morgan Chase Bank

Mailing Address P O Box 710634

City

Columbus

State

OH

Zip Code

43240-0634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JP Morgan Chase Bank

Occupation  
BANK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: T45360

Amount of Each Receipt this Period

32.24

A Credit to the Federal  
Account

**SUBTOTAL** of Receipts This Page (optional) .....

107.76

**TOTAL** This Period (last page this line number only) .....

201.36

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 78 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Internal Revenue Service

Mailing Address 550 Main St

City  
Cincinnati

State  
OH

Zip Code  
45202-5212

Purpose of Disbursement  
1120-POL 12/31/10

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: A2076385

Date of Disbursement

MM / DD / YY  
03 / 15 / 2011

Amount of Each Disbursement this Period

84.41

Tax return

SUBTOTAL of Disbursements This Page (optional) .....

84.41

TOTAL This Period (last page this line number only) .....

84.41

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 79 / 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Citizens For Sears

Mailing Address 6711 Monroe St Bldg 3 Ste D

City State Zip Code  
Sylvania OH 43560-1993

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
PRIMARY 2012

Transaction ID: A2018582

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 2 8 / 2 0 1 1

Amount of Each Disbursement this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Friends Of Marlene B Anielski

Mailing Address 17150 Alexander Rd

City State Zip Code  
Walton Hills OH 44146-5023

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
PRIMARY 2012

Transaction ID: A2018581

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 2 8 / 2 0 1 1

Amount of Each Disbursement this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Friends Of Faber

Mailing Address 7706 State Rte 703

City State Zip Code  
Celina OH 45822-2923

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
PRIMARY 2012

Transaction ID: A2022178

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 2 / 1 4 / 2 0 1 1

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 80 / 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
The Committee To Elect Manning

Mailing Address 5380 Barton Rd

City North Ridgeville State OH Zip Code 44039-2460

Purpose of Disbursement

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: PRIMARY 2014

Transaction ID: A2022177

Date of Disbursement

02 / 14 / 2011

Amount of Each Disbursement this Period

350.00

**B.** Full Name (Last, First, Middle Initial)  
Citizens For Bill Beagle

Mailing Address P O Box 342

City Tipp City State OH Zip Code 45371-0342

Purpose of Disbursement

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: PRIMARY 2014

Transaction ID: A2022179

Date of Disbursement

02 / 14 / 2011

Amount of Each Disbursement this Period

350.00

**C.** Full Name (Last, First, Middle Initial)  
Jimmy Stewart For State Senate

Mailing Address 1021 Four Mile Creek Rd

City Coolville State OH Zip Code 45723-9502

Purpose of Disbursement

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: PRIMARY 2012

Transaction ID: A2022176

Date of Disbursement

02 / 14 / 2011

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

1200.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 81 / 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

LaRose For Senate

Mailing Address 3800 Rosemont Blvd 109C

City Akron State OH Zip Code 44333-9263

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2014

Transaction ID: A2022175

Date of Disbursement

02 / 14 / 2011

Amount of Each Disbursement this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Tim Schaffer For Ohio Senate

Mailing Address 1173 Stone Run Ct

City Lancaster State OH Zip Code 43130-2781

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2014

Transaction ID: A2022180

Date of Disbursement

02 / 14 / 2011

Amount of Each Disbursement this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Peterson For Good Government

Mailing Address 1086 Concord Church Rd

City Chillicothe State OH Zip Code 45601-9063

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

Transaction ID: A2022181

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Kris Jordan

Mailing Address 161 Stonebend Dr

City Powell State OH Zip Code 43065-8314

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2014 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2014

Transaction ID: A2022183

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Goodwin For Representative

Mailing Address 11932 Harris Rd

City Defiance State OH Zip Code 43512-8906

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

Transaction ID: A2022182

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Committee To Elect Bob Hackett For State Representative

Mailing Address 2050 Palouse Dr

City London State OH Zip Code 43140-9019

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

Transaction ID: A2029093

Date of Disbursement

02 / 21 / 2011

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 83 / 111

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
 Danny Bulp For State Rep Committee

Mailing Address 18877 State Rte 136

City Winchester State OH Zip Code 45697-9449

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

PRIMARY 2012

**Transaction ID:** A2029096

Date of Disbursement

/   /

Amount of Each Disbursement this Period

350.00

**B.** Full Name (Last, First, Middle Initial)  
 Dave Burke For State Representative

Mailing Address 411 W 5th St

City Marysville State OH Zip Code 43040-1019

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

PRIMARY 2012

**Transaction ID:** A2027954

Date of Disbursement

/   /

Amount of Each Disbursement this Period

350.00

**C.** Full Name (Last, First, Middle Initial)  
 Citizens For Charleta Tavares

Mailing Address 1003 Cloverly Dr

City Columbus State OH Zip Code 43230-6218

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼

PRIMARY 2014

**Transaction ID:** A2027955

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Batchelder For Representative Committee

Mailing Address 105 W Liberty St

City Medina State OH Zip Code 44256-2215

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

PRIMARY 2012

Transaction ID: A2029092

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 2 / 2 1 / 2 0 1 1

Amount of Each Disbursement this Period

1000.00

001  
Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
Citizens For Anne Gonzales

Mailing Address 865 Macon Alley

City Columbus State OH Zip Code 43206-2652

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

PRIMARY 2012

Transaction ID: A2029091

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 2 / 2 1 / 2 0 1 1

Amount of Each Disbursement this Period

250.00

001  
Category/  
Type

**C.** Full Name (Last, First, Middle Initial)  
Citizens For Mike Duffey

Mailing Address 645 Farrington Dr

City Worthington State OH Zip Code 43085-3531

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

PRIMARY 2012

Transaction ID: A2029095

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 2 / 2 1 / 2 0 1 1

Amount of Each Disbursement this Period

250.00

001  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) .....

**1500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 85 / 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Terry Johnson For State Representative

Mailing Address 74A McDaniel Rd

City State Zip Code  
Mc Dermott OH 45652-8962

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
PRIMARY 2012

**Transaction ID:** A2029097

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 2 / 2 1 / 2 0 1 1

Amount of Each Disbursement this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Kristina Daley Roegner For Ohio

Mailing Address 6519 Dunbarton Rd

City State Zip Code  
Hudson OH 44236-3576

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
PRIMARY 2012

**Transaction ID:** A2029113

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 2 / 2 5 / 2 0 1 1

Amount of Each Disbursement this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Matt Huffman For State Representative

Mailing Address 2233 Merit Dr

City State Zip Code  
Lima OH 45805-2526

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
PRIMARY 2012

**Transaction ID:** A2029110

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 2 / 2 5 / 2 0 1 1

Amount of Each Disbursement this Period

350.00

**SUBTOTAL** of Disbursements This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Citizens For Lehner

Mailing Address 533 Lockerbie Ln

City  
Kettering

State  
OH

Zip Code  
45429-1636

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

PRIMARY 2012

Transaction ID: A2029117

Date of Disbursement

02 / 25 / 2011

Amount of Each Disbursement this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Committee To Elect Blessing

Mailing Address 3153 McGill Ln

City  
Cincinnati

State  
OH

Zip Code  
45251-3111

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

PRIMARY 2012

Transaction ID: A2029108

Date of Disbursement

02 / 25 / 2011

Amount of Each Disbursement this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Boose For State Representative

Mailing Address 5054 State Rte 601

City  
Norwalk

State  
OH

Zip Code  
44857-9132

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

PRIMARY 2012

Transaction ID: A2029103

Date of Disbursement

02 / 25 / 2011

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Citizens For Cheryl Grossman

Mailing Address 3955 Brown Park Dr Ste A

City Hilliard State OH Zip Code 43026-3137

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

Transaction ID: A2029120

Date of Disbursement

02 / 25 / 2011

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Citizens For Jim Hughes

Mailing Address 14 E Gay St 2nd Fl

City Columbus State OH Zip Code 43215-3182

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

Transaction ID: A2029119

Date of Disbursement

02 / 25 / 2011

Amount of Each Disbursement this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Citizens For Kevin Bacon

Mailing Address 5325 Ponderosa Dr

City Columbus State OH Zip Code 43231-4033

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2014 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2014

Transaction ID: A2029101

Date of Disbursement

02 / 25 / 2011

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Committee To Elect Lynn Wachtmann

Mailing Address 550 Euclid Ave

City Napoleon State OH Zip Code 43545-2028

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

Transaction ID: A2029098

Date of Disbursement

02 / 25 / 2011

Amount of Each Disbursement this Period

300.00

**B.** Full Name (Last, First, Middle Initial)  
Friends Of Tom Patton

Mailing Address 17157 Rabbit Run Dr

City Strongsville State OH Zip Code 44136-6243

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

Transaction ID: A2029114

Date of Disbursement

02 / 25 / 2011

Amount of Each Disbursement this Period

350.00

**C.** Full Name (Last, First, Middle Initial)  
Friends Of Nan Baker

Mailing Address 4477 Mallard Cir

City Westlake State OH Zip Code 44145-6303

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

Transaction ID: A2029106

Date of Disbursement

02 / 25 / 2011

Amount of Each Disbursement this Period

350.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Jarrod B Martin	<b>Transaction ID:</b> A2029123 <b>Date of Disbursement</b>
Mailing Address 2098 Fairknoll Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 1 1</div> </div>
City Dayton State OH Zip Code 45431-3237	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>350.00</div>
Candidate Name	<div>001</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ PRIMARY 2012
<b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Mike Henne	<b>Transaction ID:</b> A2061119 <b>Date of Disbursement</b>
Mailing Address 8447 Diamond Mill Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 8 / 2 0 1 1</div> </div>
City Clayton State OH Zip Code 45315-9665	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>250.00</div>
Candidate Name	<div>001</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ PRIMARY 2012
<b>C.</b> Full Name (Last, First, Middle Initial) Citizens For Wagoner	<b>Transaction ID:</b> A2030972 <b>Date of Disbursement</b>
Mailing Address 7445 Airport Hwy	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 8 / 2 0 1 1</div> </div>
City Holland State OH Zip Code 43528-9544	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>350.00</div>
Candidate Name	<div>001</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ PRIMARY 2012

**SUBTOTAL** of Disbursements This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Citizens To Elect John Patrick Carney

Mailing Address 357 E Torrence Rd

City Columbus State OH Zip Code 43214-3837

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
PRIMARY 2012

Transaction ID: A2034128

Date of Disbursement

03 / 21 / 2011

Amount of Each Disbursement this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Citizens For Hottinger

Mailing Address 2135 Horns Hill Rd

City Newark State OH Zip Code 43055-9614

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
PRIMARY 2012

Transaction ID: A2034121

Date of Disbursement

03 / 21 / 2011

Amount of Each Disbursement this Period

350.00

**C.** Full Name (Last, First, Middle Initial)  
Citizens For Mike Dovilla

Mailing Address 62 Harnagy St

City Berea State OH Zip Code 44017-2440

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
PRIMARY 2012

Transaction ID: A2034125

Date of Disbursement

03 / 21 / 2011

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Citizens For Combs

Mailing Address 311 Niles Rd Ste F

City State Zip Code  
Fairfield OH 45014-2621

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
PRIMARY 2012

Transaction ID: A2034129

Date of Disbursement

03 / 21 / 2011

Amount of Each Disbursement this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

The Committee To Elect Niehaus

Mailing Address 1131 Little Indian Creek Rd

City State Zip Code  
New Richmond OH 45157-9602

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
PRIMARY 2012

Transaction ID: A2034119

Date of Disbursement

03 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Committee To Elect Peter Stautberg

Mailing Address 7571 Ayers Rd

City State Zip Code  
Cincinnati OH 45255-3914

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
PRIMARY 2012

Transaction ID: A2034130

Date of Disbursement

03 / 21 / 2011

Amount of Each Disbursement this Period

350.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Republican Senate Campaign Committee

Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

Transaction ID: A2034123

Date of Disbursement

03 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Stebelon For State Representative

Mailing Address 536 E Allen St

City Lancaster State OH Zip Code 43130-2633

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

Transaction ID: A2034127

Date of Disbursement

03 / 21 / 2011

Amount of Each Disbursement this Period

300.00

**C.** Full Name (Last, First, Middle Initial)  
Troy Balderson For State Representative

Mailing Address 3760 Greenbriar Dr

City Zanesville State OH Zip Code 43701-6467

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

Transaction ID: A2034131

Date of Disbursement

03 / 21 / 2011

Amount of Each Disbursement this Period

350.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Ohio House Republican Organizational Committee

Mailing Address 100 E Broad St Ste 2225

City Columbus State OH Zip Code 43215-3607

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

Transaction ID: A2042304

Date of Disbursement

03 / 29 / 2011

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Jason Wilson For Senate Committee

Mailing Address 252 W Main St

City Saint Clairsville State OH Zip Code 43950-1061

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

Transaction ID: A2042317

Date of Disbursement

03 / 29 / 2011

Amount of Each Disbursement this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Citizens For Gardner

Mailing Address 900 S Mitchell Rd

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

Transaction ID: A2042309

Date of Disbursement

03 / 29 / 2011

Amount of Each Disbursement this Period

350.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Citizens For McKenney

Mailing Address 17 S Main St Ste 100

City Akron State OH Zip Code 44308-1803

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

Transaction ID: A2042314

Date of Disbursement

03 / 29 / 2011

Amount of Each Disbursement this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Citizens For Terry Blair

Mailing Address 10280 Grand Vista Dr

City Dayton State OH Zip Code 45458-4414

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

Transaction ID: A2042306

Date of Disbursement

03 / 29 / 2011

Amount of Each Disbursement this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Butler For Ohio

Mailing Address 2321 Miami Village Dr

City Miamisburg State OH Zip Code 45342-7235

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

Transaction ID: A2042650

Date of Disbursement

03 / 30 / 2011

Amount of Each Disbursement this Period

350.00

**SUBTOTAL** of Disbursements This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Committee To Elect Jeff McClain

Mailing Address 428 S Sandusky Ave

City  
Upper Sandusky

State  
OH

Zip Code  
43351-1567

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

PRIMARY 2012

Transaction ID: A2045749

Date of Disbursement

04 / 13 / 2011

Amount of Each Disbursement this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Friends Of Tim Derickson

Mailing Address 1855 Gardner Rd

City  
Hamilton

State  
OH

Zip Code  
45013-1117

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

PRIMARY 2012

Transaction ID: A2045748

Date of Disbursement

04 / 13 / 2011

Amount of Each Disbursement this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Citizens For Dave Hall

Mailing Address 31 Hillside Dr

City  
Millersburg

State  
OH

Zip Code  
44654-1412

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

PRIMARY 2012

Transaction ID: A2046329

Date of Disbursement

04 / 14 / 2011

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ohio House Democratic Caucus

Mailing Address 340 E Fulton St

City  
Columbus

State  
OH

Zip Code  
43215-5418

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

PRIMARY 2012

Transaction ID: A2046332

Date of Disbursement

04 / 14 / 2011

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Andy Thompson For State Representative

Mailing Address 416 Strecker Ln

City  
Marietta

State  
OH

Zip Code  
45750-9628

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

PRIMARY 2012

Transaction ID: A2046330

Date of Disbursement

04 / 15 / 2011

Amount of Each Disbursement this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Citizens For Garland

Mailing Address 4983 Meadway Dr

City  
New Albany

State  
OH

Zip Code  
43054-9697

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

PRIMARY 2012

Transaction ID: A2052541

Date of Disbursement

05 / 02 / 2011

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2600.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 97 / 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Citizens For Obhof

Mailing Address 5206 Crown Pointe Dr

City Medina State OH Zip Code 44256-6864

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

Transaction ID: A2052544

Date of Disbursement

05 / 02 / 2011

Amount of Each Disbursement this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Friends Of Shannon Jones

Mailing Address 800 Valley View Point

City Springboro State OH Zip Code 45066-9097

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2014 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2014

Transaction ID: A2052545

Date of Disbursement

05 / 02 / 2011

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Friends Of Jay Goyal

Mailing Address 810 Piper Rd

City Mansfield State OH Zip Code 44905-1353

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

Transaction ID: A2052546

Date of Disbursement

05 / 02 / 2011

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 98 / 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dave Burke For State Representative

Mailing Address 411 W 5th St

City Marysville State OH Zip Code 43040-1019

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

PRIMARY 2012

Transaction ID: A2052548

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	1

Amount of Each Disbursement this Period

350.00

**B.** Full Name (Last, First, Middle Initial)  
Driehaus For State Representative

Mailing Address 4990 Relleum Ave

City Cincinnati State OH Zip Code 45238-3806

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

PRIMARY 2012

Transaction ID: A2052547

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	1

Amount of Each Disbursement this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Karen Gillmor For Ohio

Mailing Address 514 Hedgegate North Ct

City Tiffin State OH Zip Code 44883-3183

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

PRIMARY 2012

Transaction ID: A2052542

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	1

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

1100.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 99 / 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Matt Huffman For State Representative

Mailing Address 2233 Merit Dr

City State Zip Code  
Lima OH 45805-2526

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

Transaction ID: A2052549

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	2	/	2	0	1	1

Amount of Each Disbursement this Period

350.00

**B.** Full Name (Last, First, Middle Initial)  
Seitz For Senate Committee

Mailing Address 4401 Abby Ct

City State Zip Code  
Cincinnati OH 45248-2306

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

Transaction ID: A2053402

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	0	/	2	0	1	1

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Friends Of David Daniels

Mailing Address P O Box 39

City State Zip Code  
Greenfield OH 45123-0039

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2014

Transaction ID: A2053405

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	0	/	2	0	1	1

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional) .....

1200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Citizens For Sears

Mailing Address 6711 Monroe St Bldg 3 Ste D

City State Zip Code  
 Sylvania OH 43560-1993

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

**Transaction ID:** A2053403

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 05 / 10 / 2011

Amount of Each Disbursement this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Citizens For Amstutz

Mailing Address 4456 Woodlake Trl

City State Zip Code  
 Wooster OH 44691-8582

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

**Transaction ID:** A2053404

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 05 / 10 / 2011

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Citizens For Anne Gonzales

Mailing Address 865 Macon Alley

City State Zip Code  
 Columbus OH 43206-2652

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

**Transaction ID:** A2054794

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 05 / 17 / 2011

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Friends Of Connie Pillich

Mailing Address 9910 Forestglen Dr

City State Zip Code  
Cincinnati OH 45242-5116

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

**Transaction ID:** A2054792

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 05 / 17 / 2011

Amount of Each Disbursement this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Committee To Elect Lynn Wachtmann

Mailing Address 550 Euclid Ave

City State Zip Code  
Napoleon OH 43545-2028

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

**Transaction ID:** A2055591

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 05 / 23 / 2011

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Friends Of Shirley A Smith

Mailing Address 13901 Woodworth Ave

City State Zip Code  
Cleveland OH 44112-1919

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2014

**Transaction ID:** A2055590

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 05 / 23 / 2011

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Citizens For Kevin Bacon

Mailing Address 5325 Ponderosa Dr

City	State	Zip Code
Columbus	OH	43231-4033

Purpose of Disbursement

Candidate Name

Office Sought:	Disbursement For:
<input type="checkbox"/> House	2014
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> President	<input checked="" type="checkbox"/> Other (specify) ▼
State:	PRIMARY 2014
District:	

Transaction ID: A2055592

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	1

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Oelslager For Ohio Committee

Mailing Address 6706 Cable Lake Ave NW

City	State	Zip Code
Canton	OH	44720

Purpose of Disbursement

Candidate Name

Office Sought:	Disbursement For:
<input type="checkbox"/> House	2012
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> President	<input checked="" type="checkbox"/> Other (specify) ▼
State:	PRIMARY 2012
District:	

Transaction ID: A2055593

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	1

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Batchelder For Representative Committee

Mailing Address 105 W Liberty St

City	State	Zip Code
Medina	OH	44256-2215

Purpose of Disbursement

Candidate Name

Office Sought:	Disbursement For:
<input type="checkbox"/> House	2012
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> President	<input checked="" type="checkbox"/> Other (specify) ▼
State:	PRIMARY 2012
District:	

Transaction ID: A2056413

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	1

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Citizens With Celeste

Mailing Address 366 E Broad St

City  
Columbus

State  
OH

Zip Code  
43215-3819

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

PRIMARY 2012

Transaction ID: A2056412

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Committee To Elect Hite

Mailing Address 2417 Westmoor Rd

City  
Findlay

State  
OH

Zip Code  
45840-2847

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

PRIMARY 2014

Transaction ID: A2056414

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

285.00

**C.**

Full Name (Last, First, Middle Initial)

Friends Of Armond Budish

Mailing Address 340 E Fulton St

City  
Columbus

State  
OH

Zip Code  
43215-5418

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

PRIMARY 2012

Transaction ID: A2056411

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1035.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 104 / 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Bill Coley	<b>Transaction ID:</b> A2057553 <b>Date of Disbursement</b>																				
Mailing Address 8265 Cherry Laurel Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	1	1												
City State Zip Code Liberty Township OH 45044-8347	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ PRIMARY 2012																				
<b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Dan Ramos	<b>Transaction ID:</b> A2057557 <b>Date of Disbursement</b>																				
Mailing Address 1828 W 38th St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	1	1												
City State Zip Code Lorain OH 44053-2527	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>100.00</td> </tr> </table>	100.00																			
100.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ PRIMARY 2012																				
<b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Debbie Phillips	<b>Transaction ID:</b> A2057554 <b>Date of Disbursement</b>																				
Mailing Address 48 Hudson Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	1	1												
City State Zip Code Athens OH 45701-2031	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>350.00</td> </tr> </table>	350.00																			
350.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ PRIMARY 2012																				

**SUBTOTAL** of Disbursements This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 105 / 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

The Committee To Elect Niehaus

Mailing Address 1131 Little Indian Creek Rd

City  
New RichmondState  
OHZip Code  
45157-9602

Purpose of Disbursement

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

PRIMARY 2012

Transaction ID: A2057549

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	1

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Friends Of Faber

Mailing Address 7706 State Rte 703

City  
CelinaState  
OHZip Code  
45822-2923

Purpose of Disbursement

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

PRIMARY 2012

Transaction ID: A2057539

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	1

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Friends Of Kris Jordan

Mailing Address 161 Stonebend Dr

City  
PowellState  
OHZip Code  
43065-8314

Purpose of Disbursement

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

PRIMARY 2014

Transaction ID: A2057533

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	1

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 106 / 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Lou Gentile

Mailing Address 500 Luray Dr

City  
Wintersville

State  
OH

Zip Code  
43953-3972

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

PRIMARY 2012

Transaction ID: A2057558

Date of Disbursement

06 / 10 / 2011

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Committee To Elect Blessing

Mailing Address 3153 McGill Ln

City  
Cincinnati

State  
OH

Zip Code  
45251-3111

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

PRIMARY 2012

Transaction ID: A2057529

Date of Disbursement

06 / 10 / 2011

Amount of Each Disbursement this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Citizens For Stinziano

Mailing Address 550 E Walnut St

City  
Columbus

State  
OH

Zip Code  
43215-5323

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

PRIMARY 2012

Transaction ID: A2057536

Date of Disbursement

06 / 10 / 2011

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 107 / 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Citizens To Elect John Patrick Carney

Mailing Address 357 E Torrence Rd

City Columbus State OH Zip Code 43214-3837

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
State:	District:	PRIMARY 2012

Transaction ID: A2057551

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	1

Amount of Each Disbursement this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Citizens For Schuring Committee

Mailing Address 400 Market Ave N Ste 400A

City Canton State OH Zip Code 44702-1553

Purpose of Disbursement

Candidate Name  
Citizens For Schuring Committee

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
State:	District:	PRIMARY 2012

Transaction ID: A2057545

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	1

Amount of Each Disbursement this Period

350.00

**C.** Full Name (Last, First, Middle Initial)  
Citizens For Mike Duffey

Mailing Address 645 Farrington Dr

City Worthington State OH Zip Code 43085-3531

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
State:	District:	PRIMARY 2012

Transaction ID: A2057532

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	1

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional) .....

950.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 108 / 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kathleen Clyde Committee

Mailing Address 1641 Overlook Rd

City  
Kent

State  
OH

Zip Code  
44240-5903

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

PRIMARY 2012

Transaction ID: A2057531

Date of Disbursement

06 / 10 / 2011

Amount of Each Disbursement this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ohio House Republican Organizational Committee

Mailing Address 100 E Broad St Ste 2225

City  
Columbus

State  
OH

Zip Code  
43215-3607

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

PRIMARY 2012

Transaction ID: A2057550

Date of Disbursement

06 / 10 / 2011

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Terry Johnson For State Representative

Mailing Address 74A McDaniel Rd

City  
Mc Dermott

State  
OH

Zip Code  
45652-8962

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

PRIMARY 2012

Transaction ID: A2057538

Date of Disbursement

06 / 10 / 2011

Amount of Each Disbursement this Period

350.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 109 / 111

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Troy Balderson For State Representative

Mailing Address 3760 Greenbriar Dr

City Zanesville State OH Zip Code 43701-6467

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

Transaction ID: A2059345

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

350.00

**B.** Full Name (Last, First, Middle Initial)  
Republican Senate Campaign Committee

Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

Transaction ID: A2059343

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
Committee To Elect Blessing

Mailing Address 3153 McGill Ln

City Cincinnati State OH Zip Code 45251-3111

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: PRIMARY 2012

Transaction ID: A2059344

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

350.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3200.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 110 / 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Committee To Elect Peter Stautberg

Mailing Address 7571 Ayers Rd

City Cincinnati State OH Zip Code 45255-3914

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

PRIMARY 2012

Transaction ID: A2059346

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	1

Amount of Each Disbursement this Period

350.00

**B.** Full Name (Last, First, Middle Initial)  
Friends Of Tom Patton

Mailing Address 17157 Rabbit Run Dr

City Strongsville State OH Zip Code 44136-6243

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

PRIMARY 2012

Transaction ID: A2059863

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	1

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Hagan For State Representative

Mailing Address 11201 Marlboro Ave.

City Alliance State OH Zip Code 44601

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

PRIMARY 2012

Transaction ID: A2059862

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	1

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 111 / 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Butler For Ohio

Mailing Address 2321 Miami Village Dr

City	State	Zip Code
Miamisburg	OH	45342-7235

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	2012
	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input checked="" type="checkbox"/> Other (specify) ▼

PRIMARY 2012

Transaction ID: A2059861

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	1

Amount of Each Disbursement this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Tim Schaffer For Ohio Senate

Mailing Address 1173 Stone Run Ct

City	State	Zip Code
Lancaster	OH	43130-2781

Purpose of Disbursement

Mailing Labels

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	2014
	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input checked="" type="checkbox"/> Other (specify) ▼

PRIMARY 2014

Transaction ID: A2059958

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	1

Amount of Each Disbursement this Period

55.22

In-Kind

SUBTOTAL of Disbursements This Page (optional) .....

655.22

TOTAL This Period (last page this line number only) .....

41540.22